Only

STATEMENT OF

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FORM 1		OF	RGAN	IZAT	IOI	V												
												0	ffice L	Jse Or	ıly			_
1. NAME OF COMMITTEE (ii	n full)		heck if nam changed)		Exampl over the	le:If typi e lines.	ng, typ	е	12	2FE	4M5	5						
GRIT PAC		1 1 1 1																
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		_I 555 METR	O PL N															_
ADDRESS (number a	•	STE 525																
		J J														Ш		
		DUBLIN CIT	Y A							ATE	A	430	017	⊥ ⊥ ZI	 P C	L DDE ▲		
COMMITTEE'S E-MA	AIL ADDRE	SS																
(Check if is change		COMPLIA	NCE@AXC	APTEAM	.СОМ	1 1		ı	1 1	1 1	ı	1 1	I	1 1	ı	1 1	1 1	1
is change	u)	Ontional S	second E-Ma	ail Addres	s													_
				All 7 ladico														
COMMITTEE'S WEE		DDESS (UD)																
(Check if		JNE33 (UNI	∟)															
is change	d)																	_
2. DATE 0	M / D		2024															
3. FEC IDENTIFI	CATION NU	JMBER ▶	C	C0071	7421													
4. IS THIS STATE	MENT	NEW (N) O	R	×	AMEN	IDED ((A)										
I certify that I have	examined th	is Statemen	t and to the	best of r	my kno	wledge	and be	elief it	is tru	ie, c	orrec	t and	l con	ıplete				
Type or Print Name	of Treasure	r <u>PHILLIPS</u>	, ROBERT, ,	, III														_
Signature of Treasur	er PHILI	LIPS, ROBER	RT, , , III						Date	•	M 07	M /	D	D 01	1	202		
NOTE: Submission of	false, errone		mplete inform	-			-	_					pena	ılties	of 52	U.S.C	. §30	09.
Office Use					Fe	r further deral Elec I Free 80	tion Cor	mmissi		:				C F		M 1 2012)		_

Local 202-694-1100

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TYPE O	PF COMMITTEE:	
Candid	ate Committee:	
a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
Name Candid		
Candid Party A	date Office Affiliation Sought: House Senate President	State
c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate	
Party C	Committee:	
d)	This committee is a (National, State or subordinate) committee of the Republican,	
Politica	al Action Committee (PAC):	
e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is
	D Comparation w/s Conital Starts	
		rganization
	Membership Organization Trade Association Coopera	itive
	In addition, this committee is a Lobbyist/Registrant PAC.	
f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
g) 🗙	This committee is an independent expenditure-only political committee (Super PAC).	
3, 7	In addition, this committee is a Lobbyist/Registrant PAC.	
L.\		10)
n)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	AC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
Joint F	undraising Representative:	
i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or	

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1	FEC Form 1 (Revised 0	2/2009)	Page 3
V	rite or Type Committee Name		
	GRIT PAC		
6.	-	ganization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representation	ve Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in	n possession of committee
	PHILLIPS,	ROBERT, , , III	
	Full Name		
	Mailing Address	555 METRO PL N	
		STE 525	
		DUBLIN	43017
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	CUSTODIAN OF RECORDS	Telephone number	2 866 8229
3.	Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; a ssistant treasurer).	and the name and address of
		ROBERT, , , III	
	of Treasurer	FEE METRO RI N	
	Mailing Address	555 METRO PL N	
		STE 525	
		DUBLIN	43017
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	2 866 8229

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Full Name of Designated Agent			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position ▼			
		Telephone number	
. Banks or Other Dep safety deposit boxes	positories: List all banks or other depositories in which or maintains funds.	th the committee deposits fund	s, holds accounts, rents
Name of Bank, Depo	sitory, etc.		
TH	HE HUNTINGTON NATIONAL BANK		
Mailing Address	17 S. HIGH STREET		
	COLUMBUS	OH	43215
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depo	sitory, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲